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4 D. GOV 4 . OF 4 FFF 1	184
ARIZONA STATE E	BOARD OF HEALTH State File No.
1. PLACE OF BIRTH BUREAU OF VI	TAL STATISTICS Registered No//2
	IFICATE OF BIRTH
- : Mala	State Wilson
County	
District or Township gr Village W. O. Boy 876 Mami,	
Gity Miami No. 18 Mex.	Canon st
City No No (If birth occurred in a	hospital or institution, give its NAME instead of street and number)
2 Full name of child Users Hons all	If child is not yet named, make
2. Full name of child James Jongall	supplemental report, as directed.
3. Sex of Child To be answered ONLY) 4. Twin, triplet or other	5 1 5 14 2 A
Male in event of plural 5. No., in order of b	of birth Month Day Year
8. FATHER	14. () MOTHER
Full name	Full maiden name
Havino Vonzaly	marca juniga
9. Residence (Usual place of abode) Miami.	15. Residence (Usual place of abode) (Mianki
If non-resident, give place and state. AMAOUA.	If non-resident, give place and state.
10. Color or race	16. Color or race
Mey. 11. Age at last birthday (Years)	Mey. 17. Age at last birthday 35 (Years)
lalia ea	lalines
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
13. Occupation	19. Occupation
	Nature of Industry //
Nature of Industry	Avoracenile
20. Number of children of this mother	ve and now living. 21. Were precautions taken against oph-
(Taken as of time of birth of child herein 4 (b) Born aliv	ve but now dead 3 thalmia neonatorum?
certified and including this child.) (c) Stillborn	
CERTIFICATE OF ATTEND	ING PHYSICIAN OR MIDWIFE
I hereby certify that I attended the birth of this child, who was:	(Born glive or etillboss)
*When there was no attending physician or midwife, then the father, householder, Signature	(Boilt dive of the state of the
{etc., should make this return. A stillborn}	
child is one that neither breathes nor shows other evidence of life after birth.	(Physician or midwite.)
	Mami, arisona
a supplement report	
Filed	ray 10,031 8. E Jorny
Registrar.	Regisfrar.
179-122C-1111	

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